

Issue 23

November 26, 2007

Inside this Issue:

Newly-Arrived '100% Native American' Corpsman Comes to Celebrate Native American Heritage Month with Perdido Bay 2

Suicide Prevention is a Year-Round Campaign 2

NH Camp Pendleton Pharmacy Staff Honored 3

The Navy Hospital Corpsmen—Marine Corps Team 4

One-Stop Shopping for Med Readiness Saves Time, Money 5

Items of Interest:

Protect Yourself from Carbon Monoxide (CO) Poisoning. Every year, more than 500 people die from accidental CO poisoning. CO is an odorless, colorless gas that can cause sudden illness and death if you breathe it. When power outages occur, you may try to use alternative sources of fuel or electricity for heating, cooling, or cooking. CO from these sources can build up in your home, garage, or camper and poison the people and animals inside. CO from these sources can build up in enclosed or partially enclosed spaces. CO is found in stoves, generators, lanterns, and gas ranges. The most common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain, and confusion. People who are sleeping can die from CO poisoning before ever having symptoms. If you think you may have CO poisoning, consult a health care professional right away. For more information on preventing CO poisoning, visit www.cdc.gov.

Navy and Marine Corps Medical News

A Public Affairs Publication of the Bureau of Medicine and Surgery

Medical Professionals Unite for Annual Disaster Drill

By Bill W. Love, Naval Hospital Corpus Christi, Texas, Public Affairs

CORPUS CHRISTI, Texas - The Naval Hospital Corpus Christi (NHCC) emergency response team joined city and county medical professionals Nov. 13 in an annual region-wide disaster drill.

The drill kicked into high gear after an invented tanker truck and tourist bus collision at a congested business intersection on the city's south side.

The resulting complexities of dispensing nearly a hundred staged disaster victims to over a dozen hospitals in four surrounding counties fell on the shoulders of civilian first responders.

Naval hospital emergency personnel quickly deployed from the base and linked with Kindred Hospital staff on their property to shape a cordoned decontamination and

(Continued on page 3)



PORT HUENEME, Calif. - Hospital Corpsman 1st Class Elizabeth Gonzalez administers a typhoid shot to a Seabee during a battalion-wide immunization day at Port Hueneme Nov. 7. U.S. Navy photo by Mass Communication Specialist 1st Class Carmichael Yopez

Newly-Arrived '100% Native American' Corpsman Comes to Celebrate Native American Heritage Month with Perdido Bay

By Mass Communications Specialist
1st Class (AW) Russ Tafuri, Naval
Hospital Pensacola Public Affairs

PENSACOLA, Fla. – Hospitalman Robin Cote recently arrived to her first duty station --at Naval Hospital Pensacola – in the midst of November's 'Native American Heritage' month. It was home away from home for the Navy corpsman.

At a Native American heritage celebration November 14, presented by the Perdido Bay Tribe of the Lower Muscogee Creek Indians, the "100 percent Native American of the Ojibway Nation" came specifically from her the Naval Branch Health Clinic at NAS Pensacola, where she is assigned, to meet the Native Americans personally.

"It's a great way to touch base with Native Americans," says Cote.

NH Pensacola's Multi-Cultural Committee sponsored a visit by members of the Perdido Bay Tribe who presented a myriad of arts, crafts and utensils of their heritage as well as musical entertainment provided by members playing tradi-

tional Muscogee Creek Indian melodies on flutes.

Lower Muscogee Creek Indian Principal Chief Bobby Johns Bearheart, the founder of the Perdido Bay Tribe, shared tribal tales with Sailors in attendance and myriad of reasons for the importance of Native Americans and their cultures.

"My job is to make sure we recognize the people who were when (Tristán) DeLuna got (to Pensacola)," stated Bearheart.

Spanish explorer DeLuna landed in Pensacola Bay, Fla., in August 1559.

The Perdido Bay tribal leader also uses a traveling mobile museum to bring the Native American heritage recognition at schools, elder-care facilities, city-and-state offices and Navy facilities such as Naval Hospital.

The goal of our mobile museum is to go out to places and bring the program to the people – especially for those who can't come to us, he explained. "We go to them. And when a beautiful story is told, we can display and explain our heri-

tage" with artifacts and displays, he added.

HN Cote took time from her busy day at the air station health clinic to come the 3-plus miles to meet with fellow Native Americans.

"I am 100 percent Native American, of the Ojibway Nation," she said. The Navy Corpsman grew up in Canada and Alaska where there are "many, many Native Americans – sometimes communities full," she continued.

"I think this is a great opportunity to have this type of recognition event for Native Americans here at the hospital, especially because there aren't many Native Americans in the area" compared to where she grew up the Great Northwest.

"So, this is especially nice to have this event. It's a great way to touch base with Native Americans.

"It's a little bit like being home when I'm so far away – and that's a nice feeling," she smiled.

For more information on the Perdido Bay Tribe of the Lower Muscogee Creek Indians, visit www.perdido baytribe.org.

Suicide Prevention is a Year– Round Campaign

By Lance Cpl. Thomas J. Hermesman, Marine Corps Base
Camp Lejeune

MARINES CORPS BASE CAMP LEJEUNE, N.C. - Claiming more than 30,000 lives a year, the leading cause of death for all Americans and the second leading cause of death in the Marine Corps and the Navy, is neither a virus or a drug--it's suicide.

This of course does not decrease during the holiday season thanks to the 'holiday blues.' Some service members are out on their own for the first time and have always had a family to be around during this time of year, said Cmdr. Richmond E. Stoglin, battalion chaplain for Headquarters and Support Battalion Marine, Corps Base Camp Lejeune (HQ SPT BN, MCB CL).

"The things we want Marines and sailors to remember during these times of year are, what you had to go through to get to where you are now, keep in mind all the obstacles you have overcome," said Stoglin. "We need to know that we all have brothers and sisters in the Marines Corps, the Navy, and the world. Suicide is something that will affect an entire community."

"The holiday seasons seem to pull young Marines and Sailors into the state of mind that they need to buy very expensive things, things to impress people, so

on," said Stoglin.

"We only ask that you live within your means and that you don't spend more than you can financially handle," he said. "The need to 'one up' each other seems to be much higher."

"January 2008 is coming, what will you do, who will you owe," said Col. David R. Leppelmeier, commanding officer of HQ SPT BN, MCB CL.

Spending too much money over the holiday season puts a huge amount of pressure on someone and their financial affairs. This can cause depression that pushes people to turn to drastic measures, said Stoglin.

"It's better to seek out the help you need, rather than to do something rash," said Stoglin.

Help for suicide is everywhere, the Marine Corps has AID LIFE program. This program helps anyone considering. Also the 24-Hour Suicide Hotline, that number is 1-800-479-3339.

"One way to stay happy and focused on life is to volunteer you time to help others, nothing lifts your spirit like helping someone in need," explained Stoglin. "Remember the Marine Corps is a team, and together everyone achieves more."

NH Camp Pendleton Pharmacy Staff Honored

From the Naval Hospital Camp Pendleton Public Affairs Office

MARINE CORPS BASE CAMP PENDLETON, Calif.—For the first time in the history of Navy Pharmacy's annual awards program, four members from the same department were selected as Navy Pharmacy's Member of the Year for 2007.

At the Joint Forces Pharmacy Seminar held in Anaheim, Calif., Oct. 31, four Naval Hospital Camp Pendleton's Pharmacy staff members were honored for their outstanding performances in advancing pharmacy practices and for their total contribution to the command, the Navy Pharmacy community, the pharmacy professional community and the U.S. Navy.

The winners were Dr. Nahed Bahlawan as Civilian Pharmacist of the Year, Hospital Corpsman 1st Class (FMF/SW) Peter Delmolino as Senior Pharmacy Technician of the Year, Catherine Alvarado as Civilian Pharmacy Technician of the Year and Hospital Corpsman 3rd Class Derek Johnson who received the first HM3(FMF) Giovanni Padilla Technician Award for Operational Support.

This new award was established to recognize Navy pharmacy technicians that deploy in support of a hazardous operation and is named after HM3(FMF) 3rd Class Giovanni Padilla who was killed during combat operation April 2, 2006, in Al Anbar province of Iraq



CAMP PENDLETON, Calif. - Four members of Naval Hospital Camp Pendleton's Pharmacy Department display their awards as Navy Pharmacy Members of the Year for 2007. Pictured left to right: Dr. Nahed Bahlawan, Civilian Pharmacist of the Year; Catherine Alvarado, Civilian Pharmacy Technician of the Year; Hospital Corpsman 3rd Class Derek Johnson who received the first HM3(FMF) Giovanni Padilla Technician Award for Operational Support and Hospital Corpsman 1st Class (FMF/SW) Peter Delmolino, Senior Pharmacy Technician of the Year. U.S. Navy photo by Hospital Corpsman Third Class Grissel Naranjo

while serving with the 3rd Battalion, 8th Marine Regiment, 2nd Marine Division.

Disaster drill continued...

(Continued from page 1)

triage zone conveniently located less than a quarter mile from the mishap site.

Kindred's Disaster Coordinator, Hector Bernal, and NHCC Disaster Preparedness Officer, Chief Hull Technician (SW) Fred Thomas had worked in unison for four months planning their respective scenario roles leading to the mock catastrophe.

"Things progressed very well!" observed Thomas. "Besides getting 'hands on' experience with our civilian counterparts, we had a chance to smooth out some minor communication wrinkles that occurred during the drill – mostly military civilian terminology differences."

Thomas gave his team's unified efforts high marks for assessing and triaging victims only six minutes after they started setting up the decontamination (DECON) tent. "It was pretty hectic, but the set-up crew and the triage folks didn't skip a beat."

Under optimum conditions, Thomas says, it generally takes 8 staff 20 minutes to set up the triage tent. The Kindred team erected the bright yellow DECON tent.

Four Navy and two Kindred personnel donned DECON suits, a process requiring a masking tape armed assistant and approximately 10 minutes. Lt. Scott McGill, Nurse Corps, and Hospitalman Walter Mackel, were the first two military to suit out. Unlike McGill, it was Mackel's first experience.

"It's hot," Mackel exclaimed, "and you have to get

dressed quickly. It's not for someone who's claustrophobic!"

McGill and Mackel took turns with two Kindred DECON scrubbers and promptly started scouring victims with long-handled brushes.

Twelve students, all volunteers from Texas A & M University Nursing College, role-played the injured for the joint exercise segment. Onsite medical professionals processed each of them twice for assessment, decontamination, triage and stabilization to give everyone sufficient simulation opportunities.

As quickly as the wounded arrived, team members performed primary care and stabilized each one. If they required more intense treatment, the patients were shuttled from the cordoned area to a higher level of hospital handling.

Motioning to the triage tent opening while stabilizing a casualty, Lt. Misty Scheel, Nurse Corps, remarked about the team's Navy doctor and senior chief petty officer, "Cmdr. [Timothy] Halenkamp gets them in through the front door and Senior Chief [Hospital Corpsman (FMF) Russell] Folley gets them out the back door."

Folley and his group, outside the tent, moved patients via stretchers for escalated hospital care.

The Navy Hospital Corpsmen—Marine Corps Team

By 2nd Lts. Tyson Alexander and Sara Lane, MATSG-21
Pensacola

PENSCOLA - In a "frozen flash of history" more than 62 years ago, a Navy Pharmacist Mate -- forerunner of today's Hospital Corpsman -- was the lone sailor among a handful of Marines made famous by Associated Press photographer Joe Rosenthal's Pulitzer Prize-winning "Flag Raising on Mount Suribachi."

Most people are familiar with the famous photograph above the island of Iwo Jima in February 1945 during the end-of-days for World War II. The photo was also used as a model for the USMC War Memorial in the nation's capital.

Pharmacist Mate Second Class John 'Doc' Bradley made the Navy Marine Corps team even prouder by earning the Navy Cross for his actions in combat only days before the flag-raising.

Bradley, who was with the 5th Marine Division's 28th Marine Regiment, saved countless lives during a furious assault on a strongly-defended enemy position at the base of Mount Suribachi. According to the citation, Bradley observed a wounded Marine in an open area under a barrage of mortars and machine-gun crossfire.

"With complete disregard for his own safety, he ran through the intense fire to the side of the fallen Marine ... tied a plasma unit to a rifle planted upright in the sand ... and continued his life-saving mission." The Marine's wounds bandaged and the condition of shock relieved by the plasma, Bradley pulled the man 30 yards through intense enemy fire to a position of safety.

Since its inception the Navy Marine Corps team has exemplified the motto: "One team, one fight" and it still does today.

"As the shooting began, and wounded began to filter in ... you just never know when (or how) you'll react. I was thinking, 'I'm (only) 19 years old (and have) these Marines' lives - both young and old - in my hands,'" said Hospital Corpsman (HM) Third Class Courtney Seals. The 4-year Navy veteran was a Fleet Marine Force (FMF) corpsman assigned to a Marine Expeditionary Unit during the 'Battle of Fallujah' in the fall of 2004.

General surgeon Cmdr. Lach Noyes, while in Fallujah on a second Operation Iraqi Freedom tour, said the care being provided by these young "grunt corpsmen" -- some fresh out of hospital corps school -- to Marine combat units is "exceptional ... outstanding jobs." The Marines are confident that the Navy medical system will get them the best possible care.

Specialty-training is crucial for FMF corpsmen. It's above and beyond the training given to general duty corpsmen. The average FMF corpsman or "Devil Doc," as Marines affectionately refer to those corpsmen, is in his early 20s. He has attended Hospital Corps School, and has gone through an intense eight-week course at the Field Medical Service School at Camp Lejeune, North Carolina.

In addition, FMF corpsmen attend a 10-day course in Operational Emergency Medicine where they get hands-



AL'QAIM, Iraq - Navy Hospital Corpsmen remove injured Marine from Medevac to the Forward Resuscitative Surgical Suites of the 2nd Medical Battalion at Al'Qaim. *U.S. Navy file photo*

on training and the opportunity to treat different combat wounds. Every corpsman is taught how to treat injuries ranging from routine to catastrophic. The priority is to stabilize injured Marines for medical evacuation.

"Stop the bleeding and control intestinal spillage," says Dr. Noyes, a general surgeon who works at Naval Hospital Pensacola.

The corpsman's first duty is to treat his Marines' combat injuries, but they can also be called upon to provide humanitarian assistance to the local populace.

Marines will do anything they can to protect "their" Corpsman. Marines think so highly of them they will form an inverted "V" while patrolling the streets with 'Doc' located - for protection purposes - in the center-most part of the formation. Additionally, the Marines teach the corpsmen to be active members of the infantry unit. This includes practicing patrolling and weapons-handling.

While Marines teach their corpsmen the basic skills of an infantryman, the corpsman educates the Marines on self-aid and buddy-aid techniques.

This is important because a corpsman cannot be everywhere at once. If multiple casualties are taken, 'Doc' needs the Marines to be able to react and provide medical attention to their own until he can get to them.

Prior to being deployed, the Marines go through a course called "Combat Lifesaver." Certified corpsmen cover different topics which relate to the combat environment. The five-day course gives Marines a chance to practice inserting IV's, applying bandages and splinting limbs.

The medical treatment of wounded Marines is one of the most important areas in which the Navy supports the Marine Corps. With today's technology, if a Marine can be stabilized and taken to a major medical unit within the "golden hour," it dramatically improves the chances of their survival. The responsibility for treating these

(Continued on page 5)

One-Stop Shopping for Med Readiness Saves Time, Money

By Chief Mass Communication Specialist Barbara L. Bailey, Naval Station Everett Public Affairs

EVERETT, Wash. - Civilian medical and Navy reserve personnel filled the drill hall of Navy Operational Support Center (NOSC) in Everett, Nov. 3-4, as the command conducted a biannual, all hands medical and dental readiness standdown.

More than 150 Sailors updated their medical readiness and personnel records during the two-day event.

NOSC Everett's drill hall was transformed into a smoothly flowing circuit with records review, blood pressure check, blood draws, immunizations and dental X-ray stations.

Civilian medical personnel and dental X-ray equipment were brought in from other states via the Federal Strategic Health Alliance (FEDS-HEAL) Program. This program allows medical and dental professionals to quickly and conveniently perform medical and dental exams and X-rays for hundreds of reserve members in one location during a drill weekend.

"Getting 350 Sailors out to doctors and dentists is a monumental task," said Lt. Cmdr. Brad Davis, NOSC Everett commanding officer. "This way, we bring the services directly to reservists to ensure that all our personnel can obtain the care they need and that our reserve members are fully qualified for duty. We hold this standdown twice a year, servicing half the drilling re-

servists we support at each session."

For full-time active-duty staff, planning must start months in advance, including reviewing member records, determining the services needed and requesting from FEDS HEAL any services not already available from the local NOSC.

For the reservist, it all starts with Hospital Corpsman 1st Class Morrison.

"I'm the Alpha and the Omega," said Morrison with a laugh. "They start with me and I review their records and tell them what they need; then they end with me when they've completed all the stations."

Sailors cycle through stations where medical staff check their blood pressure, draw blood for HIV screenings, and administer immunizations; and then they move on to visit the dental staff for X-rays.

To get the most out of the wait times, Sailors were provided the opportunity to view an information awareness video required for deployment while in line near the X-ray station. After X-rays, reservists moved on to the medical department where Navy reserve medical personnel assigned to Naval Reserve Operation Health Support Unit Bremerton Det., completed medical exams.

"It's an enormous amount of work," said Davis, "but the benefit to the members is tremendous. The benefits to the Navy and our nation can be measured in having all our Sailors medically ready to be deployed at a moment's notice."

Corpsmen continued...

(Continued from page 4)

combat wounded Marines falls on both the corpsman and Marines still in the fight.

Pensacola is home to a number of Navy corpsmen and Marines that have recently returned from combat tours in Iraq including two FMF corpsmen, HM2 Felix Colon and HM3 Courtney Seals, both assigned to the Naval Branch Health Clinic

(NBHC) at the Center for Information Dominance on Corry Station, Florida.

The Marine - or "Green" - side of the house is represented by a decorated group of Leathernecks including Staff Sergeant Markeith Williams, a Combat Action Ribbon recipient, and platoon sergeant with the 31st Marine Expeditionary Unit. Williams is assigned to Marine Aviation Training Support Group 21 (MATSG-21) aboard Naval Air Station (NAS) Pensacola.

HM2 Colon said, "The role of the corpsmen stateside ... or in Iraq, is similar ... taking care of our patients. In a hospital, you will be taking care of dependents of deployed service members, as well as taking care of 'Wounded Warriors' that have returned for treatment."

The Corpsman's role in Iraq is to ensure that wounded service members get that first initial medical care; and stabilize them before

sending them back to the rear," he added.

Colon, a seven-year Navy veteran, was assigned to the 2nd Battalion, 6th Marines in Fallujah, Iraq, during *Operation Iraqi Freedom* in 2005-06. The experiences he came away with range from treating the injured to training the Iraqi Army how to patrol, execute weapons searches and conduct vehicle check points.

"There is a close relationship between corpsmen and Marines," says the San Sebastian, Puerto Rico native. "They know us as 'Doc.' We're like brothers... taking care of each other in combat or just hanging out."

"Marines have great respect for corpsmen and what we do... and the feeling is mutual."

(Rod Duren, Naval Hospital Pensacola, Fla., Public Affairs, contributed to the article. This is one article in a three-part series)



Bureau of Medicine and Surgery
2300 E Street NW
Washington, DC 20372-5300

Public Affairs Office
Phone: 202-762-3221
Fax: 202-762-1705